

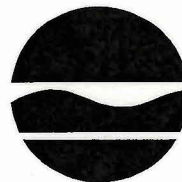
# New York State Department of Environmental Conservation

## Division of Environmental Permits, Region 2

47-40 21<sup>ST</sup> Street, Long Island City, NY 11101-5407

Phone: (718) 482-4997 • FAX: (718) 482-4975

Website: [www.dec.state.ny.us](http://www.dec.state.ny.us)



Denise M. Sheehan  
Commissioner

December 13, 2005

Ray E. Shain  
Chloe Foods Corporation  
3301 Atlantic Avenue  
Brooklyn, NY 11208

Re: DEC ID No. 2-6105-00333/00001  
Blue Ridge Farms, Inc.,  
3301 Atlantic Avenue, Brooklyn, NY 11208  
**NOTICE OF PERMIT TRANSFER**


Dear Mr. Shain:

The captioned permit is hereby transferred to Chloe Foods Corporation. Enclosed is the "Application for Permit Transfer" executed by the Department.

All terms, specifications and conditions of the subject permit remain as written. Chloe Foods Corporation is responsible for obtaining any additional DEC permits, registrations or other authorizations required for the facility.

If you have any questions concerning this matter, please contact Sam Lieblich in the NYSDEC Division of Air Resources at (718)482-4944 or Elizabeth Clarke of my staff at (718)482-4997.

Very truly yours,

  
John F. Cryan  
Regional Permit Administrator

cc: S. Lieblich, R. Bolt, E. Galper - DAR  
L. Oliva, J. Byrne - Legal  
S. Riva - USEPA Region 2  
Regulatory Fee Determination Unit  
Jeffrey Siegel - Blue Ridge Farms, Inc.  
Andrew Themis - Chloe Foods Corporation  
Ray Geer - Chloe Foods Corporation  
Eric A. Gil, Esq. - Chloe Foods Corp

ENVIRONMENTAL PROTECTION  
AGENCY, REGION II  
2005 DEC 15 PM 2:35  
DEPP-APB

**Application For Permit Transfer and Application for Transfer of Pending Application**  
(In Accordance with Uniform Procedures, 6NYCRR Part 621)**NOTE:** Please read **ALL** instructions before completing this application. Please **TYPE** or **PRINT** clearly in ink.

PART 1 - TRANSFEREE (New Owner/Operator/Lessee/Applicant) COMPLETES:	
1. LIST PERMIT NUMBER(S) AND THEIR EFFECTIVE AND EXPIRATION DATES <u>2-6105-00333/00001 (12/6/2004-)</u>	LIST PENDING APPLICATION NUMBER(S):
2. NAME OF TRANSFEREE <u>CHLOE FOODS CORP.</u> STREET ADDRESS, CITY, STATE, ZIP CODE <u>3301 Atlantic Ave. Brooklyn NY 11208</u>	If other than an individual, provide Taxpayer ID Number <u>04-376-0777</u> TELEPHONE NUMBER (Daytime) <u>(718) 827-9000</u>
TRANSFEREE IS A/AN: <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Lessee <input type="checkbox"/> Applicant <input type="checkbox"/> Municipality/Governmental Agency (check all that apply)	
3. NAME OF FACILITY/PROJECT <u>CHLOE FOODS CORP.</u> STREET ADDRESS, CITY, STATE, ZIP CODE <u>3301 Atlantic Ave, Brooklyn NY 11208</u> COUNTY <u>KINGS</u> TOWN <u>Brooklyn</u>	4. FACILITY CONTACT NAME <u>RAY Geer</u> STREET ADDRESS, CITY, STATE, ZIP CODE <u>3301 Atlantic Ave, Bklyn NY 11208</u> TELEPHONE NUMBER (Daytime) <u>(718) 827-9000</u>
5. HAS WORK BEGUN ON THE PROJECT? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If "No," proposed starting date: _____ Approximate completion date: <u>Complete</u> If there will be any modifications to the current or proposed operation or construction, the transferee must attach a statement specifying the details.	
6. CERTIFICATION: This certifies that the transferee seeks to be the legally responsible party for operations or project development either authorized by the permits identified above or proposed in applications identified above. The transferee has a copy of the permit(s) and/or application(s) and understands and will comply with all conditions in the referenced permit(s) and supports the content of referenced application(s). Facility operations/project scope/discharges/emissions will remain the same as authorized or as proposed in pending applications. Further, I hereby affirm that under penalty of perjury that information provided on this form and all attachments submitted herewith is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law. Printed Name and Title of Transferee <u>ANDREW THEMIS, CEO</u> Signature of Transferee <u>X [Signature]</u> Date <u>10/25/05</u>	
PART 2 - TRANSFEROR (Present or Former Owner/Operator/Lessee/Applicant) COMPLETES:	
1. NAME OF TRANSFEROR <u>BLUE RIDGE FARMS INC.</u> STREET ADDRESS, CITY, STATE, ZIP CODE <u>33011 Atlantic Ave, Brooklyn NY 11208</u>	If other than an individual, provide Taxpayer ID Number <u>11-1977528</u> TELEPHONE NUMBER (Daytime) <u>(718) 827-9000</u>
2. NAME OF FACILITY/PROJECT, if different from Facility Name in Part 1: <u>BLUE RIDGE FARMS INC.</u>	
3. CERTIFICATION: This certifies that the facility and/or application referenced in Part 1 of this form <input type="checkbox"/> will be / <input checked="" type="checkbox"/> was transferred to the party identified as the new transferee (owner/operator/lessee/applicant) on <u>02/06/05</u> (date). Printed Name and Title of Transferor <u>JEFFREY SIEGEL, PRESIDENT</u> Signature of Transferor <u>X [Signature]</u> Date <u>10/25/05</u>	
PART 3 - PERMIT TRANSFER VALIDATION SECTION - DEPARTMENT OF ENVIRONMENTAL CONSERVATION COMPLETES:	
<input checked="" type="checkbox"/> Transfer of permit approved, effective as of <u>12/13/05</u> . Transferee subject to conditions of original permit, without exception. <input type="checkbox"/> Transfer of permit approved, with the following modifications or contingencies related to this Permit Transfer: _____ _____ _____ _____ _____ _____ <input type="checkbox"/> See attached revised permit page(s): _____ <input type="checkbox"/> Transfer of application approved. See attached for additional information required. <input type="checkbox"/> Transfer denied, new application required. Please complete the enclosed permit application and return it to the undersigned Regional Permit Administrator at the address listed on the reverse side of this form.	
PERMIT ADMINISTRATOR Name <u>JOHN F. CRAN</u> Signature <u>[Signature]</u> Date <u>12/13/05</u>	